



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND, SOUTHEAST REGION
HEADQUARTERS, UNITED STATES ARMY GARRISON, FT CAMPBELL
39 NORMANDY BOULEVARD
FORT CAMPBELL, KENTUCKY 42223-5617

IMSE-CAM-HRM-RS

21 December 2010

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Retirement Application Procedures

1. Retirement applications may be submitted electronically from any location by scanning/emailing (ensuring to encrypt because of personally identifiable information being present) all required documents to the following address camp.retire@conus.army.mil or by hand carrying to the Retirement Applications Office, Bldg 2577A, Room 119. If scanned/emailed, all documents must be of sufficient quality as to be readable. An Assumption of Command order is required for any commander signing retirement requests in lieu of the actual commander. Note – Commanders may only recommend approval/disapproval as the GCMCA or HRC is the approval/disapproval authority. Depending upon your category the application format varies. Please see below for specifics.

a. **Enlisted Soldiers:** Will initiate their application via DA Form 4187/4187-1-R, Personnel Action (Encl 1-2) and submit through their chain of command (company, battalion, and brigade). The Unit Commander will sign the DA Form 4187 in block 12 and date block 13. Battalion and brigade commanders will endorse by signing the DA Form 4187-1-R (Addendum). Requests may be submitted no earlier than 12 months, and no later than 9 months prior to the requested retirement date. A memorandum signed by the Soldier justifying the reason for late submission is required for those requests not meeting the required 9 month timeline.

b. **Officers and Warrant Officers:** Will initiate their application via memorandum (Encl 3) and submit through their chain of command (company, battalion, and brigade). The THRU addressee will line out and initial the THRU address line, note their recommendation (Recommend Approval or Disapproval) and date. In addition, for the O-6 commander only, write the name and rank or provide a separate endorsement from that commander.

Requests may be submitted no earlier than 12 months before the requested retirement date, and no later than 9 months prior to the **projected start date of transition leave**. A memorandum signed by the Soldier justifying the reason for late submission is required for those requests not meeting the required 9 month timeline.

2. **Required Documentation:** Officer Record Brief or Enlisted Record Brief, current DD Form 93 (Record of Emergency Data), current SGLV 8286 (Service Members Group Life Insurance Elections), and all enlistment and reenlistment contracts (DD Form 4/1, 4/2 and 4/3 only. Reenlistment contracts do not have a DD 4/3). DO NOT include extraneous documents such as DD Form 1966 or medical records. Officers/warrant officers must also include their first DA Form 71, (Oath of Office). If any documentation is missing it may be downloaded from the Soldier's OMPF at the following web site: <https://ompf.hoffman.army.mil>. Click on "Active Army".

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3. All Soldiers must also submit the following additional documentation if applicable: a copy of all DD Form 214's, NGB Forms 23 and/ or 220 (National Guard Service), or ARPC FORM 249- 2-E (USAR Service) in order to receive credit for any prior service. NGB Forms may or may not be in your OMPF. If not, you will need to contact your old National Guard unit or your state National Guard Headquarters.

4. Retirement in lieu of PCS: Soldiers who have at least 19 years, 6 months active federal service on the date that they are notified (CAP Cycle Date) that they are on PCS assignment may request to retire in lieu of PCS. The retirement application must be submitted within 30 days of assignment notification and the retirement date will not be later than 6 months of the notification date, or on the first day of the month following the month in which 20 years of active federal service is completed, whichever is later.

5. Soldiers requiring a waiver(s) under the provision of AR 635-200, Chapter 12, (Enlisted Personnel) or AR 600-8-24, Chapter 6 (Officer and Warrant Officer), will provide a separate memorandum of justification, signed by the Soldier.

6. Enlisted retirement applications for SSG (P) and above will be forwarded by this office to Human Resources Command (HRC) for approval. Non-promotable SSG's and below and those who are retiring at their Retention Control Point or Mandatory Retirement Date will be approved locally.

7. All officer retirement applications will be forwarded to HRC for approval.


8. Retiring Soldiers will report to Bldg 2577A, Room 119, 30 days prior to signing out on permissive TDY and/or transition leave, with one (1) copy of their orders and two (2) copies of their approved DA Form 31 for instructions on out-processing procedures.

9. IAW CG Policy Letter 34, Retirement Packet and Retirement Ceremony Participation Requirements, all Soldiers are required to participate in a retirement ceremony the month prior to starting their permissive TDY and/or transition leave unless granted an Exception to Policy (ETP) by the Commanding General. The ETP will be initiated by the Soldier and routed through the Chain of Command to the CG via the ACoFS, G1 for approval.

10. Additional information on Pre-retirement and Post-retirement services and assistance can be found on the Fort Campbell Retirement Services web site at: <http://www.campbell.army.mil/retirement>.

11. Point of contact is Mr. Young at 956-3819, email address david.t.young@conus.army.mil or Mr. Hickman at 798-3310, email address william.hickman1@us.army.mil.

3 Encls


THEODORE W. FAULKNER
Retirement Services Officer

DISTRIBUTION:
B less staff

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-2 1 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Battalion Commander Unit Address	2. TO (Include ZIP Code) CDR, 101st ABN DIV (AASLT) ATTN: IMSE-CAM-HRM-RS 2577A Screaming Eagle Blvd Fort Campbell, KY 42223	3. FROM (Include ZIP Code) Company Commander Unit Address
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Force s Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Voluntary Retirement

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

- IAW AR 635-200, Chapter 12, I request voluntary retirement on (day/ month/ year.) (This will be the last day of the month.)
- I have been advised not to make any firm or final commitments associated with my retirement, to include jobs, housing, schooling, or movement of my family and household goods prior to approval of my retirement.
- I have requested _____ days of transition leave and _____ days of permissive TDY (Max of 20 days).
- I (have/have not) met all service remaining obligations and (do/do not) require a waiver. (Include justification if applicable).
- Authorized Transition Point: Fort Campbell, KY.
- Requested Transition Point: _____
- Upon retirement I can be contacted at: (Must be a civilian address and phone number. NO PO Boxes or government quarters address).
- I have / have not been alerted/recieved assignment instructions. My CAP Cycle is: _____, dated _____. Date notified: _____ (if applicable).
- I (did/did not) elect to take the Career Status Bonus.
- I am aware that I must be counseled on the Survivor Benefit Plan NLT 60 days prior to my retirement date.
- Once my retirement is approved I UNDERSTAND THAT I AM NO LONGER ELIGIBLE FOR PROMOTION.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

Company Commander

Encl 1

PERSONNEL ACTION FORM ADDENDUM

For use of this form see AR 600-8-6 and DA PAM 600-8 -21; the proponent agency is ODCSPER

1. NAME OF INDIVIDUAL		2. SSN	
3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
a.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
		Battalion Commander/LTC	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES	
		<input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
b.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
		Brigade Commander/COL	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES	
		<input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
c.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES	
		<input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
4. DISTRIBUTION (List all organizations to receive copy)			

LETTERHEAD

(Office Symbol)

(Date)

MEMORANDUM THRU

Commander, (Company), 101st Airborne Division, (Air Assault), Fort Campbell,
Kentucky 42223-5000

Commander, (Battalion), 101st Airborne Division (Air Assault), Fort Campbell,
Kentucky 42223-5000

Commander, (Brigade), 101st Airborne Division (Air Assault), Fort Campbell,
Kentucky 42223-5000

Commander, 101st Airborne Division (Air Assault) and Fort Campbell, ATTN: IMSE-CAM-HRM-RS,
2577A, Screaming Eagle Blvd, Fort Campbell, Kentucky 42223-5365

FOR Commander, U. S. Army Human Resources Command, (HRC-OPL-R), 1600 Spearhead Division
Avenue, Fort Knox, KY 40122

SUBJECT: Voluntary Retirement Request

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-14, I (Rank, Name, Branch) request that I be released from active duty and assignment on (last day of month), and be placed on the retired list on (first day of next month), or as soon thereafter as practicable. I will have completed over (number) years of Active Federal Service on the requested retirement date.

2. Assignment status: (Unit of assignment), 101st Airborne Division (Air Assault),
Fort Campbell, Kentucky 42223-5000

3. Authorized place of retirement: U.S. Army Transition Center, Fort Campbell,
Kentucky 42223-5365

4. Location of choice transfer activity: (Members electing to be processed for retirement at a transfer activity other than the one prescribed by AR 635-10, para 2-18a, enter an appropriate transfer activity as provided by AR 635-10, para 2-19; otherwise enter "NA")

5. I have been counseled as specified by AR 635-10, paragraph 2-19. I fully understand the provisions of AR 635-10, chapter 2, section V, concerning entitlement to per diem, travel, and transportation allowances based on retirement at a location of choice transfer activity.

6. I have read AR 600-8-24, chapter 6, paragraphs 6-6 and 6-7. I am responsible for ensuring that a physical examination is completed not earlier than four months, nor later than one month prior to my approved retirement date (subject physical to be arranged through coordination with my unit of assignment). I am aware that the purpose of this examination is to ensure that my medical records reflect as accurately as possible my state of health on retirement and to protect my interests and those of the Government. I also understand that my retirement will take effect on the requested date and that I will not be held on active duty to complete this examination.

7. In accordance with title 10 U.S.C., I understand that:

a. Enrollment in the Survivor Benefit Plan (SBP) is the only way that I may continue a portion of my retirement pay to my family at my death.

Encl 3

(Office Symbol)
Subject: Voluntary Retirement Request

- b. I must receive SBP counseling for myself and my spouse no less than 60 days before retirement.
- c. I will be enrolled in full SBP coverage if I fail to elect otherwise in writing before my retirement.
- d. I cannot elect less than full spouse SBP without my spouse's written agreement. I received a spousal concurrence for this purpose in conjunction with this application/letter. I realize there are other forms that must be completed during SBP counseling.
- e. Failure to return the completed spousal concurrence statement to the proper officials prior to my retirement packet being sent to the U.S. Army Finance and Accounting Center will result in my being irrevocably and irreversibly enrolled in SBP at full cost.

8. Address on retirement: (Complete address)

9. I am familiar with AR 600-8-24, paragraph 6-22 and understand that if the Secretary of the Army accepts this application, it may not be withdrawn except for extreme compassionate reasons or for the definitely established convenience of the Government.

10. AR 600-8-24, par 6-16: not applicable.

11. As of the date of this application, I have (number) days accrued leave. I plan to take (number) days of transition leave.

12. Not applicable **OR** I understand the provisions of AR 600-8-24, paragraph 6-1 or 6-2, pertaining to determination of my retired grade. Considering those provisions and after a review of my records, I believe that I am entitled to retire in the grade of (grade). I understand that final determination of my retired grade will be made by HQDA and that I will be informed if I am not entitled to retire in the grade I have specified in this paragraph.

13. This application is not being submitted in lieu of complying with PCS instructions.

14. I understand that if I participated in certain advanced education programs, I may be required to reimburse the United States Government as stated in written agreement made by me with the United States Government under law and regulations.

15. I (did/did not) elect the Career Status Bonus.

16. My current duty telephone numbers are as follows:
DSN: (xxx-xxxx) Commercial: (xxx- xxx-xxxx)

17. A fax machine is available at the following:
DSN: (xxx-xxxx) Commercial: (xxx- xxx-xxxx)

NAME
Rank, Branch